

Please type a plus sign (+) inside this box → +

PTO/SB/50 (08-00)

Approved for use through 12/31/2000. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
 Box Reissue
 Washington, DC 20231

Attorney Docket No.	98-1148
First Named Inventor	Michael P. Flynn
Original Patent Number	6,277,085
Original Patent Issue Date (Month/Day/Year)	08/21/2001
Express Mail Label No.	ER 242507054 US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit on original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

 Yes No

(If Yes, check applicable box(as))

 Written Consent of all Assignees (PTO/SB/53)

 37 C.F.R. § 3.73(b) Statement Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

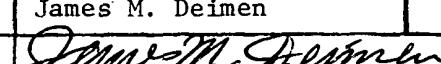
7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender

 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration
(if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:
.....
.....

15. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  or Correspondence address below

Name	James M. Deimen				
Address	320 N. Main Street, Suite 300				
City	Ann Arbor	State	MI	Zip Code	48104-1192
Country	USA	Telephone	734-994-5947	Fax	734-769-2702

NAME (Print/Type)	James M. Deimen	Registration No. (Attorney/Agent)	25504
Signature			Date
			08/21/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

04772 U.S. PTO
08/21/03

PTO/SB/56 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information, unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
98-1148

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 11	Total Claims (37 CFR 1.16(l))	(B) 12	**** 1 =	x \$ 9 =	9	or	x \$ =
(C) 1	Independent claims (37 CFR 1.18(l))	(D) 2	• 1 =	x \$ 42 =	42		x \$ =
							\$
				Basic Fee (37 CFR 1.16(h))	\$ 375		
				Total Filing Fee	\$ 426	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(l))	***	MINUS	**	=	x \$ =		x \$ =	
Independent Claims (37 CFR 1.18(l))	***	MINUS	*****	=	x \$ =		x \$ =	
					Total Additional Fee	\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 426.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

08/21/2003

Date

Signature of Applicant, Attorney or Agent of Record

James M. Deimen

Typed or printed name